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### NOTICE OF ALLOWANCE AND FEE(S) DUE

29932

7590

01/24/2005

PALMER & DODGE, LLP PAULA CAMPBELL EVANS 111 HUNTINGTON AVENUE BOSTON, MA 02199 EXAMINER

FORMAN, BETTY J

ART UNIT PAPER NUMBER

1634

DATE MAILED: 01/24/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 10/042,911      | 01/09/2002  | Shana O. Kelley      | 2846/1032           | 4527             |  |

TITLE OF INVENTION: DNA-BRIDGED CARBON NANOTUBE ARRAYS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 04/25/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

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- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
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|                                                                                                                                                                                                               | E ADDRESS (Note: Use Block 1 for                                                                                            | any change of address)                                                    |                                                                                                                                              | Fee(s) Transmittal. The papers. Each addition                                                                                                           | f mailing can only be used for<br>his certificate cannot be used for<br>al paper, such as an assignmen                           | or any other accompanying                                                                                             |  |
|                                                                                                                                                                                                               | 90 01/24/2005                                                                                                               |                                                                           |                                                                                                                                              |                                                                                                                                                         | te of mailing or transmission.                                                                                                   |                                                                                                                       |  |
| PALMER & DOI                                                                                                                                                                                                  |                                                                                                                             |                                                                           |                                                                                                                                              | Ce                                                                                                                                                      | rtificate of Mailing or Trans                                                                                                    | mission Appropriated with the United                                                                                  |  |
| PAULA CAMPBE                                                                                                                                                                                                  |                                                                                                                             |                                                                           |                                                                                                                                              | States Postal Service                                                                                                                                   | his Fee(s) Transmittal is being<br>with sufficient postage for firs<br>ill Stop ISSUE FEE address                                | st class mail in an envelope                                                                                          |  |
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| BOSTON, MA 021                                                                                                                                                                                                | 199                                                                                                                         |                                                                           |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                  | (Depositor's name)                                                                                                    |  |
|                                                                                                                                                                                                               |                                                                                                                             |                                                                           |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                  | (Signature)                                                                                                           |  |
|                                                                                                                                                                                                               |                                                                                                                             |                                                                           |                                                                                                                                              |                                                                                                                                                         | <del></del>                                                                                                                      | (Date)                                                                                                                |  |
| ADDITIONALO                                                                                                                                                                                                   | FU DIC DATE                                                                                                                 |                                                                           | FIRST NAMED INVEN                                                                                                                            | TOP                                                                                                                                                     | ATTORNEY DOCKET NO.                                                                                                              | CONFIRMATION NO.                                                                                                      |  |
| APPLICATION NO.                                                                                                                                                                                               | FILING DATE                                                                                                                 |                                                                           |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                  |                                                                                                                       |  |
| 10/042,911                                                                                                                                                                                                    | 01/09/2002                                                                                                                  |                                                                           | Shana O. Kelley                                                                                                                              |                                                                                                                                                         | 2846/1032                                                                                                                        | 4527                                                                                                                  |  |
| TITLE OF INVENTION: D                                                                                                                                                                                         |                                                                                                                             |                                                                           |                                                                                                                                              | JBLICATION FEE                                                                                                                                          | TOTAL FEE(S) DUE                                                                                                                 | DATE DUE                                                                                                              |  |
| APPLN. TYPE                                                                                                                                                                                                   | SMALL ENTITY                                                                                                                | ISSUE FI                                                                  | SE P                                                                                                                                         |                                                                                                                                                         | TOTAL FEE(S) DUE                                                                                                                 |                                                                                                                       |  |
| nonprovisional                                                                                                                                                                                                | YES                                                                                                                         | \$700                                                                     |                                                                                                                                              | \$300                                                                                                                                                   | \$1000                                                                                                                           | 04/25/2005                                                                                                            |  |
| EXAM                                                                                                                                                                                                          | IINER                                                                                                                       | ART UN                                                                    | IT C                                                                                                                                         | ASS-SUBCLASS                                                                                                                                            | ]                                                                                                                                |                                                                                                                       |  |
| FORMAN, BETTY J 163                                                                                                                                                                                           |                                                                                                                             |                                                                           |                                                                                                                                              | 435-006000                                                                                                                                              |                                                                                                                                  |                                                                                                                       |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol> |                                                                                                                             |                                                                           | (1) the names of or agents OR, alte (2) the name of a                                                                                        | single firm (having as                                                                                                                                  | a member a 2                                                                                                                     |                                                                                                                       |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                               |                                                                                                                             |                                                                           | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                         |                                                                                                                                  |                                                                                                                       |  |
|                                                                                                                                                                                                               | RESIDENCE DATA TO B                                                                                                         |                                                                           | .,                                                                                                                                           | • • •                                                                                                                                                   |                                                                                                                                  |                                                                                                                       |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                                               | an assignee is identified be 37 CFR 3.11. Completion                                                                        | elow, no assignee of<br>of this form is NO                                | data will appear on t<br>Γa substitute for filin                                                                                             | he patent. If an assig<br>g an assignment.                                                                                                              | nee is identified below, the d                                                                                                   | ocument has been filed for                                                                                            |  |
| (A) NAME OF ASSIGNI                                                                                                                                                                                           | EE ·                                                                                                                        | (B                                                                        | ) RESIDENCE: (CIT                                                                                                                            | Y and STATE OR CO                                                                                                                                       | OUNTRY)                                                                                                                          |                                                                                                                       |  |
|                                                                                                                                                                                                               |                                                                                                                             |                                                                           |                                                                                                                                              |                                                                                                                                                         |                                                                                                                                  |                                                                                                                       |  |
| Please check the appropriate                                                                                                                                                                                  | assignee category or catego                                                                                                 | ries (will not be pri                                                     | inted on the patent):                                                                                                                        | Individual 🔲 C                                                                                                                                          | Corporation or other private gro                                                                                                 | oup entity Government                                                                                                 |  |
| 4a. The following fee(s) are                                                                                                                                                                                  | enclosed:                                                                                                                   | 4b                                                                        | . Payment of Fee(s):                                                                                                                         | ······································                                                                                                                  |                                                                                                                                  |                                                                                                                       |  |
| Issue Fee                                                                                                                                                                                                     |                                                                                                                             |                                                                           | A check in the ar                                                                                                                            | nount of the fee(s) is e                                                                                                                                | nclosed.                                                                                                                         |                                                                                                                       |  |
| Publication Fee (No small entity discount permitted)                                                                                                                                                          |                                                                                                                             |                                                                           | Payment by credit card. Form PTO-2038 is attached.                                                                                           |                                                                                                                                                         |                                                                                                                                  |                                                                                                                       |  |
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|                                                                                                                                                                                                               | (from status indicated above MALL ENTITY status. See                                                                        |                                                                           |                                                                                                                                              |                                                                                                                                                         | ALL ENTITY status. See 37 C                                                                                                      |                                                                                                                       |  |
| • •                                                                                                                                                                                                           |                                                                                                                             |                                                                           | • • •                                                                                                                                        |                                                                                                                                                         | ly paid issue fee to the applications and attorney or agent; or the                                                              |                                                                                                                       |  |
| Authorized Signature                                                                                                                                                                                          |                                                                                                                             |                                                                           |                                                                                                                                              | Date                                                                                                                                                    |                                                                                                                                  |                                                                                                                       |  |
| Typed or printed name                                                                                                                                                                                         |                                                                                                                             |                                                                           | Registration No.                                                                                                                             |                                                                                                                                                         |                                                                                                                                  |                                                                                                                       |  |
| This collection of information an application. Confidentialists the completed applications and/or suggestions                                                                                                 | on is required by 37 CFR 1.3<br>ity is governed by 35 U.S.C.<br>oplication form to the USPT<br>for reducing this burden, sh | 11. The information 122 and 37 CFR O. Time will vary nould be sent to the | n is required to obtai<br>1.14. This collection<br>depending upon the<br>Chief Information (                                                 | n or retain a benefit by<br>is estimated to take 12<br>individual case. Any c<br>Officer, U.S. Patent and                                               | the public which is to file (an<br>minutes to complete, includir<br>comments on the amount of ti<br>I Trademark Office, U.S. Dep | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O. |  |

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| 10/042,911      | 01/09/2002                            | Shana O. Kelley         | 2846/1032           | 4527             |  |
| 29932 75        | 01/24/2005                            |                         | EXAMINER            |                  |  |
| PALMER & DO     | · · · · · · · · · · · · · · · · · · · | FORMAN,                 | FORMAN, BETTY J     |                  |  |
| PAULA CAMPBE    |                                       | ART UNIT                | PAPER NUMBER        |                  |  |
| BOSTON, MA 021  | 199                                   |                         | 1634                |                  |  |
|                 |                                       | DATE MAILED: 01/24/2005 |                     |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.